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**INTERSTATE MEDICAL LICENSURE COMPACT**

**Advisory Opinions**

**UNNUMBERED**

**Maintaining board certification - December 18, 2015**

The American Medical Association asked if a physician must maintain specialty board certification after the physician is determined to be eligible for expedited licensure through the Compact. Motion was made by Commissioner Hansen (SD) and seconded by Commissioner Lawler (ID) to answer the AMA by stating the IMLC currently has no requirement for board certification upon renewal of a license issued through the Compact. Specialty board certification by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) is required to be eligible for initial licensure through the Compact. The motion was unanimously passed by voice vote. The AOA requested the same written response be sent to their organization recognizing Osteopathic Continued Certification as only be required at initial licensure through the Compact. **(See December 18, 2015, minutes of the Interstate Commission.)**

24 **OPINION NO. 01-2017 – ADVISORY OPINION ON GRADUATE MEDICAL**  
25 **EDUCATION REQUIREMENT FOR EXPEDITED LICENSURE THROUGH THE**  
26 **COMPACT**

27  
28 **Graduate medical education requirements – June 13, 2017**  
29

30 The graduate medical education requirements expressed in Compact Section 2k(3) and  
31 Rule 5.4(1)c are intended to ensure that an eligible physician is adequately trained by  
32 having successfully completed graduate medical education in an ACGME- or AOA-  
33 approved specialty or sub-specialty program. A one-year transitional internship or a  
34 one-year rotating internship does not qualify as graduate medical education required in  
35 Compact Section 2k(3) and Rule 5.4(1)c.  
36

37 **AUTHORITY:** The Executive Committee issues this advisory opinion under authority of  
38 the Interstate Medical Licensure Compact Commission.  
39

- 40 • **Compact Section 12c** – (The commission shall) Issue, upon the request of a  
41 member state or member board, advisory opinions concerning the meaning or  
42 interpretation of the compact, its bylaws, rules, and actions.  
43
- 44 • **Compact Section 11k** -- ...The executive committee shall have the power to act  
45 on behalf of the Interstate Commission, with the exception of rulemaking, during  
46 periods when the Interstate Commission is not in session....  
47

48 **ISSUE:** Graduate medical education required to be eligible for expedited licensure  
49 through the Interstate Medical Licensure Compact.  
50

- 51 • **Compact Section 2k(3)** – Requires that an eligible physician has successfully  
52 completed graduate medical education approved by the Accreditation Council for  
53 Graduate Medical Education (ACGME) or the American Osteopathic Association  
54 (AOA).  
55
- 56 • **Administrative Rule 5.4(1)c** – Requires that an eligible physician has  
57 successfully completed graduate medical education approved by the ACGME or  
58 AOA that achieves ABMS or AOA board eligibility status.  
59

60 **QUESTION:** Does a one-year transitional internship meet requirements in Compact  
61 Section 2k(3) and Rule 5.4(1)c?  
62

63 **ADVISORY OPINION:** The graduate medical education requirements expressed in  
64 Compact Section 2k(3) and Rule 5.4(1)c are intended to ensure that an eligible

65 physician is adequately trained by having successfully completed graduate medical  
66 education in an ACGME- or AOA-approved specialty or sub-specialty program. A one-  
67 year transitional internship or a one-year rotating internship does not qualify as graduate  
68 medical education required in Compact Section 2k(3) and Rule 5.4(1)c.

69  
70 **APPLICABILITY:** This opinion applies to all member states in their capacity as a state  
71 of principal license in determining if an applicant is eligible for licensure through the  
72 Compact.

73  
74 **EFFECTIVE DATE:** This opinion is effective upon issuance by the Executive  
75 Committee of the Interstate Medical Licensure Compact Commission (June 13, 2017).

76  
77  
78 **OPINION NO. 02-2017 – ADVISORY OPINION ON STATE OF PRINCIPAL LICENSE**  
79 **ELIGIBILITY REQUIREMENTS FOR EXPEDITED LICENSURE THROUGH THE**  
80 **COMPACT**

81  
82 **State of principal license requirements – June 13, 2017**

83  
84 An applicant for a letter of qualification for expedited licensure through the Interstate  
85 Medical Licensure Compact must designate a Compact member state as a state of  
86 principal license, pursuant to Section 4 of the Compact. The applicant must meet one  
87 of the state of principal license eligibility requirements when the application for a letter of  
88 qualification is reviewed by the designated state of principal license’s medical board.  
89 Member boards shall apply these requirements contemporaneously.

90  
91 **AUTHORITY:** The Executive Committee issues this advisory opinion under authority of  
92 the Interstate Medical Licensure Compact Commission.

- 93
- 94 • **Compact Section 12c** – “(The commission shall) Issue, upon the request of a  
95 member state or member board, advisory opinions concerning the meaning or  
96 interpretation of the compact, its bylaws, rules, and actions.”
  - 97
  - 98 • **Compact Section 11k** – “...The executive committee shall have the power to act  
99 on behalf of the Interstate Commission, with the exception of rulemaking, during  
100 periods when the Interstate Commission is not in session....”

101  
102 **ISSUE:** Requirements for designating a state of principal license for the purposes of  
103 registration for expedited licensure through the Interstate Medical Licensure Compact.

104

- 105 • **Compact Section 4a** – Requires that a physician possess a full and unrestricted  
106 license to practice in the state the physician designates as the state of principal  
107 license at the time the physician applies for a letter of qualification. In addition,  
108 the physician must be able to demonstrate one of the following conditions:

- 109
- 110 • **Compact Section 4a(1)** – the state is the primary residence of the  
111 physician;
  - 112
  - 113 • **Compact Section 4a(2)** – the state is where at least 25 percent of the  
114 physician’s practice of medicine occurs;
  - 115
  - 116 • **Compact Section 4a(3)** – the state is the location of the physician’s  
117 employer;
  - 118
  - 119 • **Compact Section 4a(4)** – the state is the physician’s residence for  
120 purposes of federal income tax.
  - 121

122 **QUESTION:** Is a physician who resided or practiced medicine in a member state in the  
123 past year, but is neither residing or practicing in that state at the time the physician  
124 applies for a letter of qualification, eligible to designate that state as a state of principal  
125 license, pursuant to **Section 4** of the Compact?

126

127 **ADVISORY OPINION:** An applicant for a letter of qualification for expedited licensure  
128 through the Interstate Medical Licensure Compact must designate a Compact member  
129 state as a state of principal license, pursuant to **Section 4** of the Compact. The  
130 applicant must meet one of the state of principal license eligibility requirements when  
131 the application for a letter of qualification is reviewed by the designated state of principal  
132 license’s medical board. Member boards shall apply these requirements  
133 contemporaneously.

134

135 The state of principal license’s medical board has the weighty responsibility to  
136 determine if the applicant is eligible for licensure through the Compact. Consequently,  
137 the state of principal license is expected to have active and meaningful connections to  
138 the applicant for a letter of qualification for the purposes of local accountability. These  
139 connections are expressed in the present tense in **Section 4a** of the Compact. When  
140 an applicant applies for a letter of qualification, the applicant must attest that a  
141 requirement identified in **Section 4a** is met at the time of the application is reviewed by  
142 the designated state of principal license. The state of principal license may verify  
143 through independent sources that the applicant’s attestation is valid, or ask the  
144 physician to provide appropriate documentation.

146 **Section 4b** of the Compact asserts that a physician may re-designate a member state  
147 as a state of principal license.

148  
149 **Section 4c** of the Compact grants the Interstate Commission authority to write rules to  
150 facilitate re-designation of another member state as the state of principal license. This  
151 implies that if the applicant is determined to be eligible for licensure through the  
152 Compact and is licensed through the Compact, then the applicant must continuously  
153 meet a requirement in **Section 4a** to maintain the state of principal license designated  
154 at the time of the application for the letter of qualification. If the physician no longer can  
155 lawfully designate a state as the state of principal license, then the physician must  
156 designate another member state.

157  
158 (It is possible that an applicant may no longer meet requirements to maintain the  
159 designed member state as the state of principal license and the applicant is unable to  
160 designate another member state. This circumstance – what it means if a physician  
161 licensed through the Compact no longer has a state of principal license – could be  
162 addressed through rulemaking, pursuant to **Section 4c** of the Compact.)

163  
164 Regarding the requirement expressed in **Section 4a(2)**, the physician’s attestation may  
165 be verified by the state medical board of the designated state of principal license to  
166 ascertain that at least 25 percent of the physician’s practice is in the designated state of  
167 principal license at the time the letter of qualification application is reviewed by the  
168 designated state of principal license.

169  
170 **APPLICABILITY:** This opinion applies to all member states in their capacity as a state  
171 of principal license in determining if an applicant is eligible for licensure through the  
172 Compact.

173  
174 **EFFECTIVE DATE:** This opinion is effective upon issuance by the Executive  
175 Committee of the Interstate Medical Licensure Compact Commission (June 13, 2017).

176  
177  
178 **OPINION NO. 07-2018 – ADVISORY OPINION ON PHYSICIANS HOLDING LICENSES**  
179 **ISSUED THROUGH THE COMPACT WHO ARE DISCIPLINED BY A NON-MEMBER BOARD**  
180 **AFTER THE LETTER OF QUALIFICATION HAS BEEN ISSUED**

181 A physician had obtained a Letter of Qualification (“LOQ”) and was requesting licensure using  
182 the compact. A member board, from whom a license was being requested, determined that the  
183 physician applicant’s license to practice medicine had been subject to discipline by a licensing  
184 agency of a state that was not a member of the compact. The disciplinary action was  
185 subsequent to the LOQ being issued.

186 **AUTHORITY:** The Executive Committee issues this advisory opinion under authority of the  
187 Interstate Medical Licensure Compact Commission.

188 • **IMLCC Statute, Section 12c** – (The commission shall) Issue, upon the request of a  
189 member state or member board, advisory opinions concerning the meaning or  
190 interpretation of the compact, its bylaws, rules, and actions.

191

192 • **IMLCC Statute, Section 11k** -- ...The executive committee shall have the power to act  
193 on behalf of the Interstate Commission, with the exception of rulemaking, during periods  
194 when the Interstate Commission is not in session....

195

196 **ISSUE:** The Interstate Medical Licensure Compact Statute is silent as it relates to the actions  
197 which should be taken by member boards and the commission after it has been determined that  
198 a physician, who was eligible to obtain a Letter of Qualification (“LOQ”) and has had licenses  
199 issued through the compact, subsequently had his/her license to practice medicine subject to  
200 discipline by a non-member state.

201 • **IMLCC Statute, Section 8(b)** – establishes that a member board must report to the  
202 commission any public action or complaints against a licensed physician who has used  
203 the compact whether that action is from a member board or a non-member board.

204

205 • **IMLCC Statute, Section 2(k)(7)** – establishes that a physician whose license to practice  
206 medicine that has been subject to discipline by a licensing agency in any state, federal  
207 or foreign jurisdiction shall not be eligible to use the compact to obtain licensure through  
208 the compact.

209

210 • **IMLCC Statute, Section 7(a)(3)** – prevents a physician using the compact to renew  
211 licenses obtained through the compact, if that physician’s license to practice medicine  
212 has been the subject of disciplinary action.

213

214 • **IMLCC Statute, Section 10** – provides clear direction regarding the actions to be taken  
215 when a physician holding licenses issued through the compact are disciplined by  
216 compact member boards.

217

218 **QUESTIONS:**

219

220 • How should a member board notify the commission when it determines that a  
221 physician’s license to practice medicine has been the subject of a disciplinary action by a  
222 non-member board state?

223

224 • What notification should the IMLCC provide to the State of Principal License (SPL) and

225 member boards who have issued a license through the compact using a valid LOQ  
226 regarding the action taken by the non-member board?

- 227
- 228 • Should the IMLCC notify the physician that they may not use the compact to renew their  
229 licenses obtained through the compact?
- 230

231 **ADVISORY OPINION:**

232 Item 1: A member board shall report to the IMLCC executive director via email as soon  
233 as practicable after it has become aware of any public action or complaints against a  
234 physician who has used the compact to apply or obtain a license through the compact,  
235 including action taken by a non-member board.

236

237 Item 2: The commission shall notify the SPL and member boards who have issued a  
238 license through the compact of any disciplinary action as defined in IMLC Rule 5.2, of  
239 the action by a non-member board within 5 business days of obtaining that information.  
240 The notice shall be via email to the commissioners from those member states.

241

242 Item 3: The IMLCC shall, contemporaneously with the notice to the SPL and member  
243 boards, notify the physician via email that:

- 244 • The IMLCC has become aware of the disciplinary action;
  - 245 • The IMLCC has notified the SPL and the license issuing member boards  
246 of the action;
  - 247 • The physician may not renew their licenses using the compact process;  
248 and
  - 249 • The IMLCC recommends that the physician contact each member board  
250 directly concerning the status of the license issued.
- 251

252 **APPLICABILITY:** This opinion applies to all member states in their capacity as a state of  
253 principal license and a member board issuing licenses under the authority of the Interstate  
254 Medical Licensure Compact.

255 **EFFECTIVE DATE:** This opinion is effective upon issuance by the Executive Committee of the  
256 Interstate Medical Licensure Compact Commission (August 7, 2018).

257

258 **OPINION NO. 09-2018 – ADVISORY OPINION ON QUALIFICATION TO ACT AS A STATE**  
259 **OF PRINCIPAL LICENSE (SPL) AND THE RELATIONSHIP BETWEEN AN SPL AND**  
260 **LETTERS OF QUALIFICATION (LOQ) ISSUED.**



261 Questions were raised regarding the responsibilities of being an SPL under the IMLCC statutes  
262 and how that responsibility relates to an active LOQ and the licenses issued using that LOQ.  
263 The first issue relates to a physician, who is requesting a redesignation of SPL from the  
264 originally selected member board, which issued an LOQ that is still active, to another member  
265 board which is unable to act as an initial SPL due to the inability to obtain a criminal history  
266 record information (CHRI) for the required criminal background check. The second issue  
267 relates to a physician who has selected an SPL, has an active LOQ with licenses issued under  
268 that LOQ, but no longer meets the requirements to maintain an SPL.

269

270 **AUTHORITY:** The Executive Committee issues this advisory opinion under authority of the  
271 Interstate Medical Licensure Compact Commission.

- 272 • **IMLCC Statute, Section 12c** – (The commission shall) Issue, upon the request of a  
273 member state or member board, advisory opinions concerning the meaning or  
274 interpretation of the compact, its bylaws, rules, and actions.  
275
- 276 • **IMLCC Statute, Section 11k** -- ...The executive committee shall have the power to act  
277 on behalf of the Interstate Commission, with the exception of rulemaking, during periods  
278 when the Interstate Commission is not in session....  
279

280 **ISSUE:** There are two principal issues for discussion. The first relates to a member board's  
281 role and responsibilities as a State of Principal License (SPL). The second relates to the  
282 interaction between an SPL and issuance of the Letter of Qualifications (LOQ). There appears  
283 to be a slight difference between IMLCC Rule, Chapter 4, Section 4.5 that requires that a  
284 physician maintain eligibility requirements with an SPL and IMLCC Statute, Section 5(f) that  
285 requires that a physician only maintain a license in the SPL they have selected. Additionally, it  
286 appears that an LOQ should be treated as a standalone document separate from the SPL which  
287 issued the LOQ.

- 288 • **IMLCC Rule, Chapter 4, Section 4.3** – establishes that a physician shall designate a  
289 member state as their state of principal license and meet the eligibility requirements  
290 when the application for a letter of qualification is reviewed.  
291
- 292 • **IMLCC Rule, Chapter 4, Section 4.4** – establishes that a physician may redesignate a  
293 member state as the state of principal license at any time, as long as the physician  
294 meets the requirements of Section 4.3.  
295
- 296 • **IMLCC Rule, Chapter 4, Section 4.5** – requires that when a physician is unable to meet  
297 the requirements of Compact Section 4 to designate a state of principal license, then all  
298 licenses issued through the Compact to the physician shall be terminated pursuant to  
299 Section 5(f).  
300
- 301 • **IMLCC Statute, Section 5(f)** – states that an expedited license obtained through the

302 Compact shall be terminated if a physician fails to maintain a license in the state of  
303 principal license for a non-disciplinary reason, without redesignation of a new state of  
304 principal license.  
305

306 **QUESTIONS:**

- 307 • Can any member board act as a State of Principal License (SPL) in a redesignation  
308 situation?  
309
- 310 • Is a Letter of Qualification valid for 365 days from the date of issuance without regard to  
311 the physician continuing to meet the requirements to maintain a relationship with the  
312 SPL which issued the LOQ?  
313
- 314 • Does the meaning of the word “terminate” as used in IMLCC Rules, Chapter 4, Section  
315 4.5 mean immediately, or would it be reasonable, in this situation, to mean upon the  
316 expiration of the license?  
317

318 **ADVISORY OPINION:**

319 Item 1: A member board which has determined that it is unable to act fully as a State of  
320 Principal License (SPL) to make a determination on an application for a Letter of  
321 Qualification is not prohibited by IMLCC Statute or Rule from acting as an SPL in a  
322 redesignation situation. A member board which is redesignated as a physician’s SPL is  
323 not making determinations about eligibility, rather, the member board is being  
324 designated in accordance with IMLCC Rule, Chapter 4, Section 4.3 to prevent  
325 termination of licenses issued through the Compact, as required under IMLCC Rule,  
326 Chapter 4, Section 4.5. The Letter of Qualification issued by the physician’s original SPL  
327 remains valid for 365 days.

328 Item 2: A Letter of Qualification (LOQ), once issued is valid for 365 days and is  
329 independent of the State of Principal License (SPL). An LOQ issued by a SPL remains  
330 valid even if the physician redesignates a new SPL.

331 Item 3: The word terminate as used in IMLCC Rules, Chapter 4, Section 4.5, when  
332 considered with the requirements of IMLCC Statute, Section 5(f), appears to mean that  
333 licenses issued would terminate on the expiration date of the license issued as  
334 determined by the issuing member board. Physicians who are unable to maintain a  
335 relationship with their SPL and are unable to redesignate a new SPL would be unfairly  
336 burdened with an abrupt and immediate termination of licenses issued. As the reason is  
337 not related to a disciplinary matter, can be outside of the control of the physician, does  
338 not create a harm to public safety or patients, and would create a substantial burden on  
339 the physician, allowing a currently issued license to remain in effect until the established  
340 expiration of the license is a reasonable approach that is not prohibited by IMLCC  
341 Statute or Rule.

342 **APPLICABILITY:** This opinion applies to all member states acting as a state of principal  
343 license and to member boards issuing licenses under the authority of the Interstate Medical  
344 Licensure Compact.

345 **EFFECTIVE DATE:** This opinion is effective upon issuance by the Executive Committee of the  
346 Interstate Medical Licensure Compact Commission (September 18, 2018).

347